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| REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL Address to: Commissioner for Patents Box RCE Washington, DC 20231 | Filing Date | 12/29/00 |
| | Application Number | 09/751748 |
| | First Named Inventor | Lawrence H. Hudepohl Darren Jones Radhika Thekkath Franz Treue |
| | Group Art Unit | 2183 |
| | Examiner Name | William Treat |
| | Attorney Docket Number | MIPS.0107-00-US |

This is a request for continued Examination (RCE) under CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995 or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. **Submission required under 37 CFR 1.1114**

- a. ☐ Previously submitted
- i. ☐ Consider the amendment(s)/reply under 37 CFR 1.1116 previously filed on _____
(Any unentered amendment(s) referred to above will be entered)
- ii. ☐ Consider the arguments in the Appeal Brief previously filed on _____
- iii. ☐ Other _____
- b. ☒ Enclosed
- i. ☐ Amendment
- ii. ☐ Affidavit(s)/Declaration
- iii. ☒ Information Disclosure Statement (IDS)
- iv. ☐ Other _____

2. **Miscellaneous**

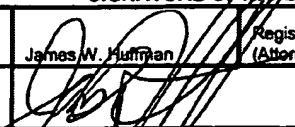
- a. ☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103C for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(f) required)
- b. ☒ Other Petition for Withdrawal from Issuance

3. **Fees** The RCE fee under 37 CFR 1.17 (e) is required by 37 CFR 1.114 when the RCE is filed.

- a. ☐ The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. _____
- i. ☐ RCE fee required under 37 CFR 1.17(e)
- ii. ☐ Extension of time fee (37 CFR 1.136 and 1.17)
- iii. ☐ Other _____
- b. ☒ Check in the amount of \$ 770.00 enclosed
- c. ☐ Payment by credit card (Form PTO-2038 enclosed)

WARNING: Information on this form may be public. Credit card information should not be included on the form. Provide credit card information and authorization on PTO-2038.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

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|-------------------|---|--------------------------------------|--------|-----------|----------------|
| Name (Print/Type) | James W. Huffman | Registration No. (Attorney/Agent) | 35,549 | Telephone | (719) 475-7103 |
| Signature |  | | | Date | 6-28-04 |

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as Express mail in an envelope addressed to: Commissioner for Patents, Box RCE, Washington, DC 20231, or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.

| | |
|-------------------|------------------|
| Name (Print/Type) | James W. Huffman |
| Signature | Date 6-28-04 |

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